

AUTHORIZATION AGREEMENT FOR PRE-ARRANGED PAYMENTS (DEBITS)

Please fill out this form completely
Please include a voided check

I (we) hereby authorize the City of Asheville to initiate debit entries to my (our) check one only: ☐ Checking Account ☐ Savings Account indicated below and the depository name below, hereinafter called DEPOSITORY, to debit the same to such account. THIS AGREEMENT IS NONTRANSFERABLE AND NON NEGOTIABLE.

DEPOSITORY _____ BRANCH _____

CITY _____ STATE _____ BK TRANSIT/ABA _____

CHECKING ACCOUNT # _____ SAVINGS ACCOUNT # _____

This authority is to remain in full force and effect until DEPOSITORY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the DEPOSITORY a reasonable opportunity to act on it. A customer has the right to stop payment of a debit entry by notification to DEPOSITORY prior to charging account. If an erroneous debit is initiated by the CITY OF ASHEVILLE to a customer's account, customer shall have the right to have the amount of such entry credited to such account by DEPOSITORY, if, within fifteen calendar days following the date on which DEPOSITORY sent to customer a statement of account or written notice pertaining to such entry or 45 days after posting whichever comes first, the customer shall have sent to DEPOSITORY a written notice identifying such entry, stating that such entry was in error and requesting DEPOSITORY to credit the amount thereof to such account.

The Electronic Transfer Act, Section 205.10 requires that an authorization agreement must be signed by consumers who want their accounts automatically debited for payment, and that a copy of such authorization be given them. **(YOU WILL CONTINUE TO RECEIVE A COPY OF YOUR BILLING STATEMENT EACH BILLING PERIOD.)**

ACCOUNT NAME (print) _____

SERVICE ADDRESS _____

SERVICE ACCOUNT # _____

MAILING ADDRESS _____

CITY _____ Street/P.O. Box
STATE _____ ZIP CODE _____

SIGNATURE _____ DATE _____

SIGNATURE _____ DATE _____

SIGNATURE _____ DATE _____

(In case of joint bank account, **all parties must sign above**)

Return this form to: **Collections Division, P.O. Box 7148, Asheville, NC 28802**